

PTO/SB/01 (10-01)

Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	123210020002
First Named Inventor	RICKARDS
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SLEEVE FOR A HOSE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
 or Bar Code Label OR Correspondence address below

Lorri W. Cooper
 Jones Day
 Name

North Point
 901 Lakeside Avenue
 Address

Cleveland City	OH State	44114 ZIP
US Country	216-586-7097 Telephone	216-579-0212 Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name LISA M. (first and middle [if any])	Family Name RICKARDS or Surname
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Inventor's Signature <i>Lisa Rickards</i>	Date 11/25/03
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Wooster Residence: City	OH State	US Country	US Citizenship
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1028 North Bever Street

Mailing Address

Wooster City	OH State	44691 ZIP	US Country
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
---	---------------------------

Inventor's Signature	Date
----------------------	------

Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Mailing Address

City	State	ZIP	Country
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

**GENERAL POWER OF ATTORNEY BY ASSIGNEE
AND EXCLUSION OF INVENTORS UNDER 37 C.F.R. 3.71**

The undersigned Assignee hereby designates the following as its correspondence address and telephone number:

Lorri W. Cooper
Jones Day
North Point
901 Lakeside Avenue
Cleveland, Ohio 44114
(216) 586-7023

and appoints the following as its attorneys with full power of substitution and revocation, to prosecute all patent applications for which the undersigned Assignee is or will become an assignee of record, and to transact all business in the Patent and Trademark Office connected therewith:

Kenneth R. Adamo, Registration No. 27,299; Barbara E. Arndt, Registration No. 37,768; Michael R. Asam, Registration No. 51,417; John V. Biernacki, Registration No. 40,511; David B. Cochran, Registration No. 39,142; Lorri W. Cooper, Registration No. 40,038; Regan J. Fay, Registration No. 26,878; F. Drexel Feeling, Registration No. 40,602; Paul E. Franz, Registration No. 45,910; Calvin P. Griffith, Registration No. 34,831; David M. Maiorana, Registration No. 41,449; Timothy J. O'Hearn, Registration No. 31,552; Mitchell Rose, Registration No. 47,906; Joseph M. Sauer, Registration No. 47,919; Stephen D. Scanlon, Registration No. 32,755; Jenny L. Sheaffer, Registration No. 45,099; H. Duane Switzer, Registration No. 22,431; Michael W. Vary, Registration No. 30,811; and James L. Wamsley, III, Registration No. 31,578;

all having the above designated address, provided that, if any appointed attorney ceases to be affiliated with the law firm of Jones Day then the appointment of such attorney and all powers derived therefrom shall terminate on the date such attorney ceases to be so affiliated.

In accordance with 37 C.F.R. 3.71, this appointment is to the exclusion of the inventors and their attorneys.

An assignment of the entire interest in application no. :

was recorded on _____, at Reel ____, Frames _____.

is submitted herewith for recording.

will be submitted under separate cover.

Please direct all correspondence for this application to customer no. _____.

ASSIGNEE: Action Coupling and Equipment, Inc.

Signature:

Lisa M. Rickards

Typed Name: Lisa M. Rickards

Position/Title: Exec. Vice President

Address: 8248 CR 245

Holmesville, Ohio 44633

Date:

11/25/03